

the level of known risk factors of CVD. Nevertheless, mobile screening unit is a good method for increasing the awareness of the public.

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Two years follow up of patients who underwent trans-catheter aortic valve implantation at Prince Sultan Cardiac Center (TAVI)

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Objectives: We report our two years clinical, and echo follow up of patients who underwent trans-apical and trans-femoral TAVI.

Methods: All patients who underwent TAVI therapy have been followed at six, 12, and 24 months, where clinical, and echo evaluation have been obtained.

Results: Sixty-six pat were operated, with mean age of 78.7 ± 9.3 y, 53% females, and 47% males. The mean logistic Euro score was 21 ± 8 . 55% of pat completed 2 years follow-up. Fourty-two pat received Edward Sapien valve (25 trnsa-apical, and 17 trans-femoral), and 24 pat received core valve. Thirty days mortality in Sapien valve group was 11%, and 0% in Core valve group. CVA developed in 8% of the core valve group, and 7% of the Sapien valve group. Complete heart block developed in 37.5 of Core group, and 4.8% of the sapien group. Peripheral arterial complications occurred in 12.5% of Core patients, and 5.8% of Sapien patients. On follow up, patient's symptoms improved. The PG decreased from 88 ± 22 mmHg to 19 ± 7 mmHg, $P < 0.0001$, and the mitral regurgitation (MR) severity grade decreased from 1.6 ± 1.1 to 0.9 ± 0.6 , $P < 0.001$. Paravalvular leak was mild in 15.2%, and moderate in 6.1% of patients.

Conclusion: TAVI is promising technique in treating patients with severe AS with acceptable mortality rate. There was significant improvement in patient's symptoms, reduction in aortic gradient and reduction in MR severity.

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Routine invasive versus ischemia-guided strategy in patients with acute inferior ST-elevation myocardial infarction who received fibrinolytic therapy: A prospective randomized controlled pilot trial

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Aims: We sought to compare a routine invasive strategy of early coronary angiography and intended revascularization, with an ischemia-guided strategy in patients with acute inferior ST elevation myocardial infarction (STEMI) who received fibrinolytic therapy.

Methods: We enrolled 60 consecutive patients with acute inferior STEMI who received fibrinolytic therapy within 6 h. Patients were randomly assigned to either a routine invasive strategy in which coronary angiography was performed within 48 h with intended revascularization if eligible (Group A), or an ischemia-guided strategy in which catheterization was based on the presence of myocardial ischemia and viability as demonstrated by stress myocardial perfusion imaging (Group B). Patients were prospectively followed up for 6 months. The primary endpoint was a composite of cardiac death, recurrent myocardial infarction, recurrent ischemia or stroke at 6-month follow-up. Total costs per patient were calculated over 6 months.

Results: The mean age of the whole series was 52 ± 9.8 years (15% females). The primary endpoint occurred more frequently in group A as compared to group B, however, the difference did not meet statistical significance (36.7% versus 23.3%, respectively, $p > 0.05$). The mean cost per patient at 6-month follow-up was significantly higher in Group A as compared to that in Group B ($\$4953.5 \pm 3108.5$ versus $\$2764.6 \pm 2636.7$, respectively, $p < 0.01$).

Conclusions: In patients presenting with inferior STEMI who received fibrinolytic therapy, a routine invasive strategy with early coronary angiography and intended revascularization, achieved a clinical outcome similar to an ischemia-guided strategy; yet, at a significantly higher cost.

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Impact of chylothorax on the post operative outcome after pediatric cardiovascular surgery

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Background: Chylothorax is the accumulation of chyle in the pleural cavity, usually develops after disruption of the thoracic duct along its intra-thoracic route. In the majority of cases this rupture is secondary to trauma (including cardio thoracic surgeries). Chylothorax is a potentially serious complication after cardiovascular surgeries that require early diagnosis and adequate management.

Methods: A retrospective study of all cases complicated with chylothorax after pediatric cardiac surgery in King Abdulaziz Cardiac Center between January 2007 and December 2009 was conducted. The study aim to determine the risk factors, and the impact on the post operative course.

Results: We have 1135 cases operated during the study period, 57 cases (5%) were complicated with chylothorax in the post operative period. The most common surgeries complicated with chylothorax were the single ventricle repair surgeries (Glenn-Fontan) 15 cases (27%), followed by the arch repair cases 10 cases (18%), the ventricular septal defect cases 10 cases (18%), the